## the Department of the Parish o

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## RHODE ISLAND DEPARTMENT OF TRANSPORTATION OFFICE OF HUMAN RESOURCES

Two Capitol Hill, Room 214 Providence, Rhode Island 02903-1124 Phone (401) 222-2572; Fax (401) 222-2574; TDD (401) 222-4971

## NOTIFICATION OF CHANGE OF ADDRESS

NAME (	OF EMPLOYEE: _				
ACCOU	NT NUMBER:				
DIVISIO	ON/SECTION: _				
OLD AI	DDRESS:(No.)	(Street)	(City)	(State)	(Zip Code)
NEW M	IAILING ADDRESS		(City)	(State)	(Zip Code)
HOME TELEPHONE NUMBER:					
SAVINGS BONDS PAYROLL DEDUCTION (Please Check One): Yes $\square$ No $\square$					
SIGNATURE OF EMPLOYEE:					
DATE:_					
**** <u>IF NEW MAILING ADDRESS IS A POST OFFICE BOX, PLEASE INDICATE RESIDENCE ADDRESS BELOW</u> :					
(No.)	(Street)	(City)	(State)		(Zip Code)

NOTE: Employees must complete a change of address form for Employees Retirement System of Rhode Island, 40 Fountain Street, Providence, RI 02903.

(RIDOT HR Rev 2/05)